

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION            | INITIALS | ID NO.         | DATE           |
|---------------------|----------|----------------|----------------|
| FEE DETERMINATION   |          |                |                |
| O.I.P.E. CLASSIFIER |          | 15             | 4/24/99        |
| FORMALITY REVIEW    | EW<br>EW | 64924<br>64934 | 6299<br>112999 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1     | ✓     | ✓        |      |
| 2     | ✓     | ✓        |      |
| 3     | ✓     | ✓        |      |
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| 9     | ✓     | ✓        |      |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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